PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | | Docket Number (Optional) \$6605.0001 | |
|--|--|-----------------------------------|---|----------------------------|
| (Fees pursuant | to the Consolidated Appropriations A | | *************************************** | |
| Application Num | ber 09/925,4 | 143 | Filed Aug | gust 9, 2001 |
| For CONVER | RSATION GENERATOR | | | |
| Art Unit 37 | 711 | | Examiner | D. R. Collins |
| This is a requestidentified applica | t under the provisions of 37 CFR ation. | 1.136(a) to extend the | period for filing a reply | in the above |
| The requested e | extension and fee are as follows (o | check time period desi | red and enter the appr | opriate fee below): |
| One | e month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| | months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <u></u> | ee months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 |
| | r months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five | e months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| V Applicant | t alaima amall antitu atatus . Saa S | 7 CED 1 27 | | |
| | t claims small entity status. See 3 | | | |
| A check i | n the amount of the fee is enclose | ed. | | |
| X Payment | by credit card. Form PTO-2038 i | is attached. | | |
| The Direct | ctor has already been authorized | to charge fees in this a | application to a Deposit | t Account. |
| | ctor is hereby authorized to charg Account Number 50-2215 | | be required, or credit a | any overpayment, to |
| Deposit A | CCOunt Number 50-2215 | • | | |
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| I am the | applicant/inventor. | | | |
| | assignee of record of the e Statement under 37 CF | | | |
| | attorney or agent of record | . Registration Number | r | _ |
| | attorney or agent under 37 | CFR 1.34. | | |
| <i>O</i> . | Registration number if actin | g under 37 CFR 1.34 | 41,135 | · |
| guerana da lova | | | May 2, 2005 | |
| Signature | | | Date | |
| Richard LaCava | | | (212) 896-5484 Telephone Number | |
| | Typed or printed name | Telephon | e Number | |
| | s of all the inventors or assignees of record of e is required, see below. | the entire interest or their repr | esentative(s) are required. Sub | mit multiple forms if more |
| Total of | forms are sul | bmitted. | | |

05/05/2005 WABDELR1 00000057 09925443

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